



Child welfare services and risk of child maltreatment rereports: Do services ameliorate initial risk?



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ABSTRACT

Although considerable public policy and research has focused on children removed from their homes following a CPS response, the vast majority of maltreated children remain in their homes, either with or without child welfare services. Little is known about which families are provided with child welfare services or the effectiveness of these services on reducing families' risk of subsequent maltreatment reports. Previous research examining rates of maltreatment recurrence among investigated families suggests that families who receive post-investigation child welfare services are at higher risk of rereports compared to those who do not receive services. Issues of selection bias in previous analyses – services are provided to those families at highest risk – impede our ability to draw valid conclusions about the impact of child welfare services on future risk. The current study used propensity score matching to create two groups of investigated families that were equally matching in their likelihood of receiving child welfare services, and then compared their rates of subsequent maltreatment reports over a 24-month period following the initial investigation. Results indicate that even after matching on pretreatment risk, families who received services were significantly more likely to be rereported than families who did not, suggesting that child welfare services may lack a sufficient level of effectiveness in achieving their stated goal of preventing additional maltreatment. Reasons for these findings and suggestions for future research are discussed.

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1. Introduction

In the United States, nearly 2 million families were reported to and received a response from child protective services (CPS) in 2011 (U.S. Department of Health and Human Services [U.S. DHHS], 2012). Although considerable public policy and research has focused on children removed from their homes following a CPS response, the vast majority of maltreated children remain in their homes, either with or without child welfare services. Compared to children in the general population, children investigated by CPS who remain at home are at considerable risk for subsequent maltreatment investigations and eventual placement in substitute care (Horwitz, Hurlburt, Cohen, Zhang, & Landsverk, 2011). Investigated households are also at increased risk of a variety of other negative outcomes such as family violence and parental dysfunction, child medical and behavioral problems, and child fatalities (Campbell, Cook, LaFleur, & Keenan, 2010; Jonson-Reid, Chance, & Drake, 2007; Putnam-Hornstein, 2011). Yet despite their high prevalence and increased risk of negative outcomes, a paucity of research has focused on children that remain at home following a CPS investigation.

To mitigate the risks of negative outcomes and improve family functioning, child protection workers can refer investigated families for ongoing child welfare services. Although they vary in content and intensity among child welfare agencies, child welfare services typically

consist of case management plus a variety of clinical and concrete services (Ryan & Schuerman, 2004). Clinical services address the emotional or intellectual needs of families (e.g., parenting skills, anger management, conflict resolution) and are intended to improve familial relationships and enhance skills necessary for effective parenting. Concrete services generally address issues of material need (e.g., transportation, clothing, food, housing, cash). In a fiscally-constrained environment, child protection workers may not be able to offer services to all investigated families, despite the presence of needs. Decisions regarding which families receive ongoing child welfare services have serious resource implications and need to be better understood (Fallon, Ma, Black, & Wekerle, 2011). Equally critical is information about the effectiveness of child welfare services in reducing family risk of additional maltreatment. Unfortunately, much of the research that compares the child welfare outcomes of families who do and do not receive post-investigation child welfare services is limited by methodological problems. The current study attempts to increase our understanding of these issues by using propensity score matching (PSM) procedures to 1) examine the factors that predict child welfare service provision and 2) compare the risk of subsequent maltreatment reports among groups of statistically matched families that do and do not receive services.

1.1. Factors influencing worker decisions to provide child welfare services

Child protective services (CPS) worker decisions, including the decision to refer families for in-home services following an investigation,

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are complex and influenced by a variety of factors at the case, worker, agency, and community levels (Baumann, Dalgleish, Fluke, & Kern, 2011). Although a fair amount of research has examined the factors that influence the decision to place a child into substitute care (Chabot, Fallon, Tonmyr, MacLaurin, Fluke, & Blackstock, 2013; Fallon, Chabot, Fluke, Blackstock, MacLaurin, & Tonmyr, 2013; Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010; Horwitz et al., 2011; Rivaux et al., 2008; Wulczyn, Hislop, & Harden, 2002; Zuravin & DePanfilis, 1997), analogous research on the decision to provide in-home child welfare services is scarce. One study of worker decision-making found that worker assessments of family risk factors played a large role in determining which families were provided with in-home services, which had a child removed, and which were closed without further action (Rivaux et al., 2008), but that other family factors (race, income, child age, parent age and marital status) and case factors (maltreatment type and report source) also influenced service decisions. Jud, Fallon, and Trocme (2012) used data from the third cycle of the Canadian Incidence Study on Child Abuse and Neglect (CIS-2008) to examine the investigation and agency factors associated with the decision to provide services following an investigation. Unlike an earlier study completed by the authors, service referral decisions were not related to child ethnicity, but were significantly associated with variables indicating the families' need of support: caregiver or child "functioning issues" (e.g., mental or physical health issues, cognitive impairment, substance use), few social supports, teen parenting, and low income. Substantiated maltreatment reports were more likely to receive service referrals than unsubstantiated reports, with substantiated reports of exposure to intimate partner violence and substantiated "risk investigations" the most likely to be referred to services. The influence of agency-level factors such as metropolitan versus rural location, proportion of investigations involving aboriginal children, and region was also tested; and the results suggested regional variations in the likelihood of service referrals.

1.2. Child welfare services and risk of subsequent maltreatment

The primary goal of post-investigation child welfare services is to protect children from additional maltreatment (Jonson-Reid, Chung, Way, & Jolley, 2010), but information from a variety of sources suggests that families that receive child welfare services following an investigation are at similar or increased risk of subsequent reports compared to those who do not receive any services at all. Much of this evidence comes from studies using large administrative datasets to examine the predictors of maltreatment recurrence. For example, several studies have used data from the National Child Abuse and Neglect Data System (NCANDS) to examine the effects of various case-related factors on recurrence, including the provision of post-investigation services, and have found that receipt of in-home family services was associated with elevated risk of maltreatment re-reports and substantiated reports (Fluke, Shusterman, Hollinshead, & Yuan, 2008; Fluke, Yuan, & Edwards, 1999; Palusci & Ondersma, 2012), or found no relationship between services and recurrence (Palusci, Smith, & Paneth, 2005). A recent study using data from the National Survey of Child and Adolescent Well-Being (NSCAW) examined the predictors of out-of-home placement among a nationally representative sample of investigated children who remained in their homes following their initial investigation (Horwitz et al., 2011), and found that although families receiving in-home child welfare services had significantly higher rates of child placement (14.7% by the 30-month follow-up) than families receiving no services (7.5%), these differences became non-significant once family risk variables were taken into account in the multivariate analyses.

Additional studies have used state administrative data to examine the relationship between child welfare services and subsequent maltreatment reports. Analyses using Missouri data examined the effect of child welfare and other public services (e.g., income maintenance, special education, juvenile court, Medicaid mental health or substance abuse treatment) prior to or within one year of a maltreatment report

on the likelihood of a subsequent report over a 7.5 year period (Drake, Jonson-Reid, & Sapokaite, 2006). Child welfare service provision was differentiated between services needed but not provided, family centered services (FCS), family preservation services (FPS) with or without FCS, foster care, and no services needed or received. Results of the multivariate analyses predicting rereports for children age birth through 11 years indicated that compared to children who did not need or receive services, children who were provided with FCS had lowered risk for rereports, while those provided with FPS or foster care had increased risk. An interaction effect revealed that children with substantiated maltreatment who were provided with FPS had lowered risk of rereports. Contradictory results were obtained when similar analyses were conducted using administrative data from Rhode Island: there was no main effect of post-investigation services on risk of rereports, but children with substantiated maltreatment who received services were at significantly higher risk of rereports (Connell, Bergeron, Katz, Saunders, & Tebes, 2007).

Several potential explanations have been suggested for the seemingly incongruous relationship between child welfare services and increased risk of subsequent maltreatment reports or substitute care placement. One hypothesis is that workers offer in-home services to families that are at higher risk due to greater child, parent, or family needs, and families with higher levels of "intrinsic risk" are more likely to experience additional maltreatment reports than those with lower "intrinsic risk" (Fluke et al., 2008). Differences in pretreatment levels of risk introduce selection bias into the analyses that most studies fail to adequately address, although some attempt to control for pretreatment differences in risk by including risk score in multivariate models used to predict subsequent reports (e.g., Horwitz et al., 2011; Palusci & Ondersma, 2012).

A second potential explanation involves surveillance bias: children who receive in-home child welfare services are in more frequent contact with child welfare workers and other service providers and thus have more opportunities to be observed in abusive or neglectful situations and rereported to CPS. According to Chaffin and Bard (2006), "if surveillance bias is a strong factor inflating report rates among service recipients, then comparing service recipients with non-service recipients for the outcome of future child welfare reports could be biased against the intervention group and could mask true intervention benefits" (p. 302). If present, the effects of surveillance bias might increase as the level of service intensity and worker contacts increase, and might be greater for services that are provided in the home as opposed to clinic-based services. Using combined data from several outcome evaluations of child welfare service programs, one study examined the effects of direct surveillance reports (i.e., those made by service program staff) on evaluation outcomes (Chaffin & Bard, 2006). Results of their analyses indicated that although direct surveillance reports were substantial during time periods when clients were actively engaged in services, the net bias introduced into the outcome analyses due to surveillance was very minimal. A reason for the small overall effect on outcomes was that surveillance reports are often not unique; about half of the cases with surveillance reports also had other, non-surveillance reports for the same incident. The results of this study suggest that surveillance bias alone cannot account for the higher rates of maltreatment reports among child welfare service recipients seen in many studies.

It is also possible that the higher rates of subsequent maltreatment reports among families that receive post-investigation child welfare services are evidence that the services are ineffective in reducing family risk. Three of the four experimental studies that examined the effectiveness of family preservation services (i.e., intensive casework services provided in a time-limited fashion) found that families receiving preservation services had higher levels of future maltreatment and placement into substitute care, and the fourth study found no differences between the treatment and control groups (Lindsey, Martin, & Doh, 2002). Studies that have looked at the effectiveness of specific interventions often included in child welfare services fail to offer more encouraging results. Barth, Gibbons, and Guo (2006) used propensity score matching (PSM) to examine whether caregiver substance abuse treatment reduced the

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